



State of Nevada
Secretary of State
Securities Division

NEVADA FORM N-9
CLAIM OF EXEMPTION FROM SECURITIES REGISTRATION

To: SECRETARY OF STATE
SECURITIES DIVISION
555 E. WASHINGTON AVE., #5200
LAS VEGAS, NV 89101

EXPEDITE SERVICE:

☐ 24 Hours \$100.00

☐ Same Day \$ 200.00

1. The undersigned hereby claims an exemption from securities registration pursuant to

(cite authority).

2. The following information is submitted:

Name of Issuer:

Address of Issuer:

Street Address

City

State

Zip Code

Telephone:

Fax:

3. Type of Security: Debt ☐ Equity ☐ Other (Describe)

4. Total number of shares/dollar amount of securities claimed to be exempt:

5. Issuer's Fiscal Year End Date:

6. If this filing is made pursuant to the exemption provided by NAC 90.519.2 a marked copy of the Preliminary Official Statement or other disclosure document is attached.

7. The following fee is enclosed in the form of a check payable to the Secretary of State, Securities Division.

(If no fee required please cite authority:

.)

☐ Filing Fee

☐ Expedite Fee

Total Enclosed

8. SUBMITTED BY:

Street Address

City

State

Zip Code

Telephone:

Fax:

NOTE: For acknowledgment, one additional copy of this filing and a self-addressed stamped envelope is enclosed.

*** FOR OFFICIAL USE ONLY ***

Date/Time Received: _____ File Number: _____

Receipt Number: _____ Entered By: _____

Date Exemption Expires: _____